

## SELF-EMPLOYMENT STATEMENT

Incapacitation Pay requested from \_\_\_\_\_ thru \_\_\_\_\_.

1. I, \_\_\_\_\_ provide the following  
(Name) (SSN)  
following information to determine entitlements to pay and allowances authorized as a  
result of an injury/illness incurred in the line of duty on \_\_\_\_\_.

2. My earned income for this period was \$ \_\_\_\_\_. My loss of income  
was \$ \_\_\_\_\_. Last year I was also self-employed and filed federal income tax  
forms (copy enclosed) Yes \_\_\_\_\_ No \_\_\_\_\_.

3. Detail summary of self-employment:

- a. Number of hours worked per day/week \_\_\_\_\_.
- b. Normal workdays are \_\_\_\_\_.
- c. I lost income from self-employment due to the inability to work because of my  
disability: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. Due to my disability, I had to hire people, at a loss of income, because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. I have an income protection plan: Yes \_\_\_\_\_ No \_\_\_\_\_. If "yes", list policies  
and monetary coverage paid. \_\_\_\_\_.

6. The last claim filed for this injury/disease was for the period \_\_\_\_\_ thru  
\_\_\_\_\_ for \$ \_\_\_\_\_.

7. The above information is true and correct. I understand the penalty for willfully  
making a false statement is a maximum fine of \$10,000, maximum imprisonment of 5  
years, or both (U.S. Code Title 18, Section 287).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Title/Position)

\_\_\_\_\_  
(Phone)